

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## STATE OF HAWAII STATE ETHICS COMMISSION (Type or Print Clearly)

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(Type or Print Cleany)					
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Kiguchi	Stafford		537-8580		
MAILING ADDRESS (Street)			FAX		
130 Merchant Street, Suite 1180			537-8440		
(City)	(State)		(Zip Code)		
Honolulu,	Hawaii		96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE			
MAILING ADDRESS (Street)			FAX		
(City)	(State)		(Zip Code)		

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU	TELEPHONE				
Bank of Hawaii	537-8580				
MAILING ADDRESS (Street)	FAX				
130 Merchant Street,	537-8440				
(City)	(State)	(Zip Code)			
Honolulu,	Hawaii	96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		· TELEPHONE			
Stafford Kiguchi	537-8580				
MAILING ADDRESS (Street)	FAX				
130 Merchant Street, Suite 1180		537-8440			
(City)	(State)	(Zip Code)			
Honolulu,	Hawaii	96813			

DADT III DECODIDEIO					
PART III DESCRIPTIO	N OF SUBJECTS UPON W	HICH YOU EXPECT TO LOBB	<u> </u>		
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	© Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATI	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
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Mofford / Kiguidi 12/14/06					
//	(Signature of Lobbyist) (Date)		(Date)		
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	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Allan R. Landon	Chairman, Chief Executive Officer & President				
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
Bank of Hawaii			538-4728		
MAILING ADDRESS (Street)			FAX		
130 Merchant Stree	et		537-8440		
(City)	(State)	(	Zip Code)		
Honolulu,	Hawaii	96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Allan R Landon December 20,2006					
(Signature of Authorizing Officer or Person Represented)			(Date)		